

STATE OF ALASKA

DEPARTMENT OF PUBLIC SAFETY

Division of Alaska State Troopers

CONCEALED HANDGUN PERMIT ADDRESS CHANGE



Direct inquiries to:

Alaska Department of Public Safety, Div. Of Statewide Services

Permits and Licensing Unit

5700 East Tudor Road, Anchorage, Alaska 99507

Telephone (907) 269-0392

<http://www.dps.state.ak.us/PermitsLicensing/>

1. ALASKA CONCEALED HANDGUN PERMIT ADDRESS CHANGE

AS 18.65.765(a)(1) states the holder of a permit shall notify the department of a change in the permit holder's address within 30 days. When you submit an address change and sign the application, you acknowledge you have read and understand the laws and regulations relating to carrying a concealed handgun (Alaska Statutes (AS 18.65.700 -- AS 18.65.790) and Alaska Administrative Regulations (13 AAC 30.010 – 13 AAC 30.900)).

2. ADDRESS, RESIDENCE, AND TELEPHONE INFORMATION

The permit holder must be a resident of Alaska. ***You are required to list a residence address on the application and may not use a post office box, mail drop, or lot and block number.*** Your residence address is your street number and name, apartment number, city, and zip code. In outlying areas, provide a brief description of your physical address, e.g., Village Road, fourth house on the left next to boat ramp.

Telephone number - If there is a correctable problem on your application, we can save processing time if you list a daytime telephone number.

3. FEES – There is **no fee** to change your address.

4. FINGERPRINTS are **not** required when you change your address.

5. PHOTOGRAPHS are **not** required when you change your address. You may submit a more current photograph if it has been more than 12 months since you received your concealed handgun permit.

6. ADDRESS CHANGE PROCESS – ***Review the address change application carefully. Failure to submit a properly completed application will result in a delay in processing your address change.***

Submit your address change application by mail or facsimile. You are not required to apply in person. Mail completed and signed address change application to the Permits and Licensing Unit, 5700 East Tudor Road, Anchorage, Alaska 99507; or send it by facsimile to (907) 269-5609.

You may submit your address change application in person to the Permits and Licensing Unit in Anchorage. Take completed and signed address change application to the Permits and Licensing Unit, 5700 East Tudor Road, Anchorage.

Your address change application will be processed when the Permits and Licensing Unit in Anchorage receives your application.

ALASKA DEPARTMENT OF PUBLIC SAFETY Division of Statewide Services	ADDRESS CHANGE CONCEALED HANDGUN PERMIT Please type or print using <u>black</u> ink	Do not write in this space
This address change application will <u>not</u> be processed unless all applicable questions are answered and the form is signed.		

Section I.

ALASKA DRIVERS LICENSE OR IDENTIFICATION NUMBER		Department use only APSIN NUMBER		DATE OF BIRTH		PERMIT EXPIRATION DATE	
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FIRST NAME			MIDDLE NAME <small>(NMN if no middle name or MIO if initial only)</small>			LAST NAME			SUFFIX <small>(JR, SR, II, III)</small>	
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HEIGHT FT.	IN.	WEIGHT	HAIR COLOR	EYE COLOR	RACE	GENDER	DAYTIME TELEPHONE NUMBER <div style="text-align: right;"><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</div>			
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NEW MAILING ADDRESS					CITY		STATE		ZIP CODE	
NEW RESIDENCE ADDRESS (IF DIFFERENT THAN ABOVE)					CITY		STATE		ZIP CODE	
PREVIOUS MAILING ADDRESS					CITY		STATE		ZIP CODE	
PREVIOUS RESIDENCE ADDRESS (IF DIFFERENT THAN ABOVE)					CITY		STATE		ZIP CODE	

Section II. Has there been any change in the information submitted on your original application other than your address? ☐ Yes ☐ No

If you answered "Yes" explain below and if necessary, attach a signed statement with an explanation. Include copies of judgments, charging documents, military discharge documents, or any paperwork that will allow the department to determine whether you meet the requirements of AS 18.65.705.

Section III.

<u>WARNING:</u> SUPPLYING A FALSE STATEMENT, ANSWER, OR DOCUMENT THE APPLICANT DOES NOT BELIEVE TO BE TRUE MAY SUBJECT THE APPLICANT TO CRIMINAL PROSECUTION FOR UNSWORN FALSIFICATION UNDER ALASKA STATUTE 11.56.210. IF FOUND GUILTY, THE APPLICANT MAY BE PUNISHED FOR VIOLATION OF A CLASS A MISDEMEANOR, AND IN SUCH CASES THE PERMIT WILL BE REVOKED AND THE APPLICANT MAY BE BARRED FROM ANY FURTHER APPLICATION FOR A PERMIT.	
I HEREBY STATE UNDER PENALTY OF LAW THAT:	
<ol style="list-style-type: none"> 1. I have read AS 18.65.705 and still qualify for a concealed handgun permit; 2. I want to change the address on my permit to carry a concealed handgun and intend to use it for lawful purposes, which may include self-defense; 3. The information in this application and any documents submitted with this application is true, correct, and complete to the best of my knowledge and belief; and 4. I understand a permit eligibility investigation will be conducted as part of the application process; this may involve computerized records searches and I authorize the investigation. 	
Date _____	Signature of applicant _____
Full name (clearly printed or typed) _____	